



Going “Beyond Opioids”

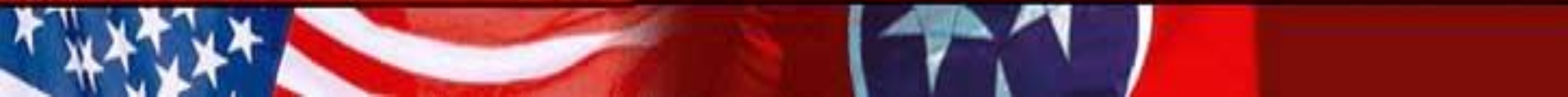
Ways to Get Ahead of Prescription Drug Issues

Suzy Douglas, Program Coordinator-Medical Unit

Jeffrey Hazlewood, MD, Physical Medicine and Rehabilitation

Anne Kirby, Chief Compliance Officer & VP, Medical Review Services

Roy Elam, MD, Medical Director, Center for Integrative Health



ALTERNATIVES TO OPIOIDS IN PAIN MANAGEMENT

Jeffrey E.
Hazlewood,
M.D.

June 20, 2013

THE ROLE OF A PAIN SPECIALIST IN WORK COMP CASES

- Determination of causation and appropriateness of coverage under W/C
- Acute and chronic management of the injury
- Restoration of function
- Education / prevention of reinjury
- Appropriately determining MMI
- Appropriately determining if “chronic pain management” is truly needed
- Appropriate utilization of medications, injections, and therapy

THE DIFFICULTIES IN TREATMENT OF INJURED WORKERS

- Diagnostic ambiguities
- The likelihood of non-specific findings on imaging studies
- Plethora of available treatment options
- Plethora of philosophies of different pain specialists
- Plethora of different skill levels in “managing” W/C cases
- Compensation and legal entanglements

THE DIFFICULTIES IN TREATMENT OF INJURED WORKERS

- Why Do Some of These Patients Develop Chronic Pain Syndromes?
 - Organic injury
 - Malingering
 - Secondary gain
 - Money settlements
 - Narcotics
 - Disability
 - Sick-roles at home
 - Poor health / history of drug-EtOH abuse
 - Significant comorbidities –obesity, arthritis, DM, tobacco use
 - Significant interpersonal conflicts

HOW TO AVOID CHRONIC PAIN MANAGEMENT

- Options of front line doctors
- Advantages of MD/DO vs NP/PA
- Importance of documentation
- Importance of recognizing poor prognostic signs
- Importance of early / good and appropriate PT
- Careful with beginning the un-ending cascade of narcotics!!

HOW TO AVOID CHRONIC PAIN MANAGEMENT

- Understand physiology of the injury and appropriate MMI date
- Determine legitimate slow-healer vs malingerer
- Have to have a good “gut feeling” many times
- Have excellent exam skills, knowledge of anatomy, and causation analysis
- Good communication skills and be able to educate and explain in laymen’s terms
- Have excellent IR calculation skills and deposition skills

WHAT IS APPROPRIATE FOR REFERRAL TO PAIN MANAGEMENT?

- Referral in cases where only objective findings are present
- Understand false-positive rates of MRI's and be able to correlate anatomically with symptoms and signs
- Understanding appropriateness of injections
- Understanding appropriateness of chronic opioid usage
- Don't be afraid to say *“This makes no sense—you have to become active in your self treatment and not passively reliant on pills and shots!!! ”*

INAPPROPRIATE REFERRALS FOR PAIN MANAGEMENT

- Malingering patients
- Somatoform disorders
- “Narcotic seekers” – check state data bases!!
- Chronic lumbar strain with no objective findings
- Axial spine pain for SCS placement or for ESI's

NON-OPIOID TREATMENT OPTIONS

- Non-opioid medication management
- Physical therapy / TENS units
- Interventional injections
- Spinal cord stimulators
- Intrathecal pain pumps
- Alternative treatment options

NON-OPIOID MEDICATIONS

- NSAIDs
- Steroids
- Muscle relaxants
- Neuropathic pain medications
- Anti-depressants
- Sleep aids
- Topical creams

WHAT PERCENT OF PATIENTS ON NSAIDS HAVE ULCERS ON ENDOSCOPIC EVALUATIONS?

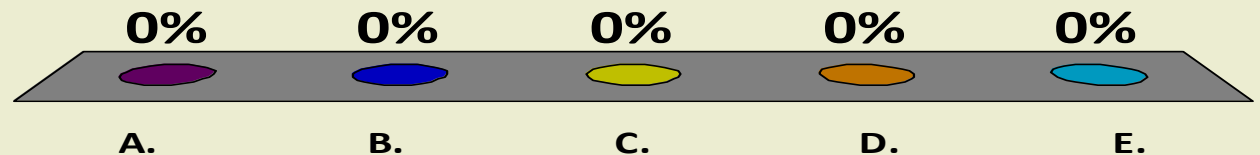
A. 1%

B. 5%

✓ C. 20%

D. 50%

E. 75%

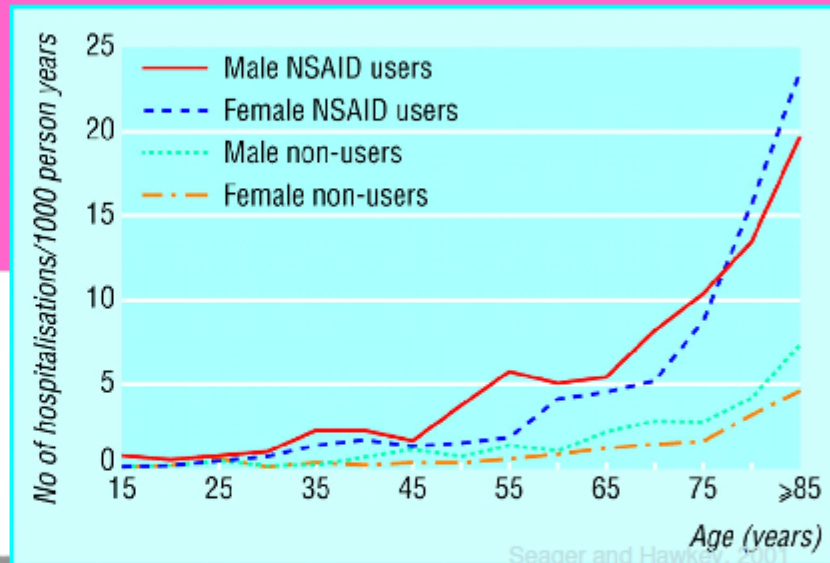
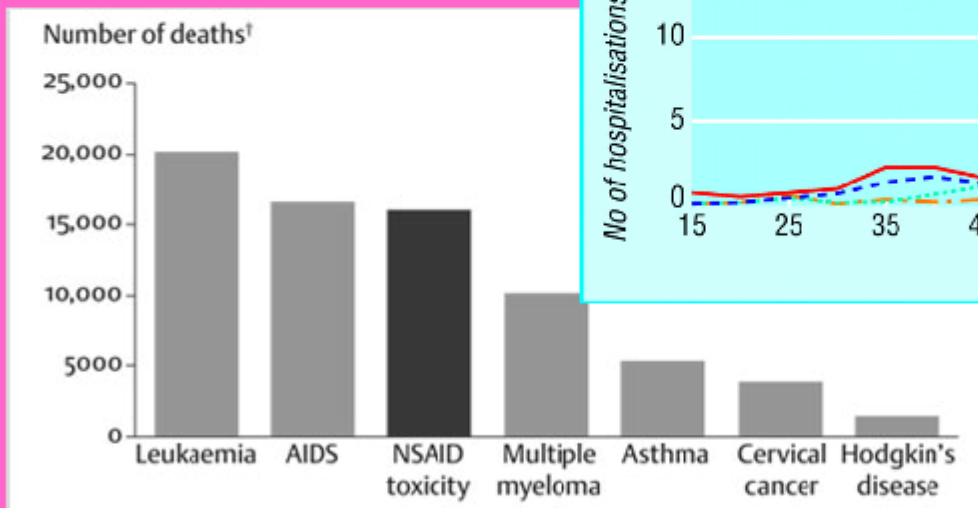


NSAIDS

- 1 in 5 pts have endoscopic ulcers
- 1 in 70 have symptomatic ulcers
- 1 in 150 have clinical bleeds

- Use PPI in age >55 yo
- Naproxen is worst on stomach/safest with CV
- All similar with pain efficacy
- Celebrex safest on GI (others Mobic and Lodine)

NSAID-associated hospitalizations & deaths



Seager and Hawkey, 2001

PHYSICAL THERAPY

- Early Intervention
- *Not all therapists are the same skill level!*
- Emphasis on manual therapy not modalities especially for tough spine cases
 - Soft tissue restrictions
 - Facet problems
 - SIJ problems
 - Mixed etiologies
- Need Dr's on panels who don't just write "Eval and Treat"

PHYSICAL THERAPY

- The key is having a Dr. on the panel who knows which therapist in the worker's location is best for that specific diagnosis
- Objective documentation and communication is critical!!
- Encourage Active approach not Passive
- Know when to stop PT and convert to HEP

PHYSICAL THERAPY

- The KEY is Return to Work at appropriate time and reaching a good outcome (no restrictions or need for “chronic pain management”):
 - Judicious use of PT to “fix the problem”
 - NOT emphasis on unending series of injections or pain pills, endless expensive polypharmacy, spinal cord stimulators, and disability!!!
 - Early assessment of prognosis

INTERVENTIONAL INJECTIONS

- Trigger point injections
- Tendon sheath injections
- SIJ injections
- ESI's / Selective nerve root injections
- Facet joint injections / Medial nerve branch blocks / Rhizotomies
- Sympathetic nerve blocks (for CRPS)

INTERVENTIONAL INJECTIONS

■ The KEY:

- Do not over inject!!!
- Don't shotgun – use physical exam and history!!!
- Don't just order a “series of 3”
- Remember the *placebo effect*
- Use injections to facilitate PT

INTERVENTIONAL INJECTIONS

- The GOAL of Injections:

Back to work and off the drugs!!

INTERVENTIONAL PAIN MANAGEMENT – BY THE NUMBERS

- Total # of ESI's in 2010: 9 million
- Number of implanted SCS's annually in US: 4000
- Total # of Facet and SIJ blocks in Medicare pts in 2005: 1.5 million
- Total expenditures for facet joint interventions in Medicare pts:
 - 2002: \$225 million
 - 2006: \$511 million

LEGITIMATE QUESTIONS:

- Is all of this expenditure worth it?????
- Are the majority of these chronic pain patients happy people and functional with good quality of lives?????

SPECIFIC INJECTIONS (FURTHER DISCUSSION)

- **Intra-articular Facet Injections**
- **Medial Nerve Branch Blocks / Rhizotomies**
- **ESI's – Caudal / Interlaminar / Transforaminal**
- **Sympathetic Nerve Blocks**

CONTROVERSIAL ISSUES

- Use of multiple injections in chronic pain
- Spinal cord stimulators
- Massage therapy / chronic chiropractic or PT
- Accupuncture
- Pool Therapy
- Decompression / Traction machines

IMPORTANCE OF PSYCHOLOGY IN CHRONIC PAIN MANAGEMENT

- Know appropriate referral situation
- Emphasis on cognitive-behavioral model and utilize early on
- The key to chronic pain management:
 - Shift focus from symptom alleviation to functional improvements
 - Stronger analgesics reinforce pain-avoidance and continue a non-beneficial somatic focus
 - Letting pain guide behavior leads to disability

PSYCHOLOGICAL INTERVENTION

- Shift the “locus of control” to internal not external
- Work with the *affective response* to pain with cognitive appraisal of:
 - Helplessness
 - Catastrophizing
 - Sense of control

CHRONIC PAIN IN MEDICO-LEGAL ENVIRONMENT

- Source: AMA Guides Newsletter
Jan/Feb 2013
- Scientific studies have indicated that psychological and social factors are the driving forces behind most chronic benign pain presentations

CHRONIC PAIN IN MEDICO-LEGAL ENVIRONMENT

- There is not a causative relationship between structural changes in the spine and serious low back pain
- Predictors of chronic LBP:
 - Previous hx of other chronic pain complaints
 - History of smoking
 - Abnormal answers to psych questionnaires
 - Prev hx of filing medico-legal claims

CHRONIC PAIN IN MEDICO-LEGAL ENVIRONMENT

- The most important risk factor for chronic pain in these pts appears to be personality disorders:
 - Borderline Personality Disorder
 - Instability in interpersonal relationships, self-image, emotionality, and behavior
 - OCD PD
 - Paranoid PD
 - Antisocial PD
 - Histrionic PD
 - Dependent PD
 - Narcissistic PD

CHRONIC PAIN IN MEDICO-LEGAL ENVIRONMENT

Are we better off to spend the money on psychological evaluations and treatments in these chronic pain syndrome patients?

WHICH PERSONALITY DISORDER DOES DR. HAZLEWOOD HAVE?

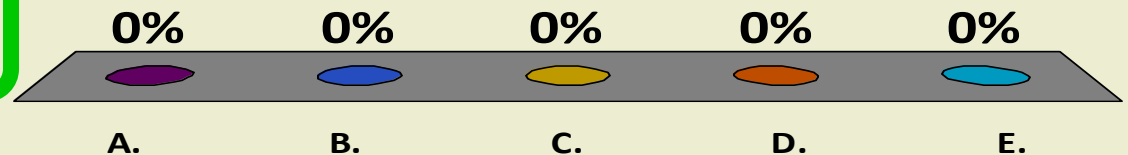
A. OCD

B. Paranoid

C. Histrionic

D. Narcissistic

E. All the above



TAKE HOME MESSAGES

1. There often is not a legitimate anatomical target as a pain generator in these patients; therefore, surgery and interventional injections often become a major gamble

TAKE HOME MESSAGES

2. It's best to not consider what else we can do "to" the patient, but rather try to understand why nothing to date has worked and why the patient continues to suffer

TAKE HOME MESSAGES

3. We have to move away from the concept of chronic pain as a “thing” we can surgically remove, inject away, ablate, spinal cord stimulate, or narcotic, and instead:

“Pay closer attention to the individual presenting with these chronic pain syndromes”

JAMES CYRIAX, MD

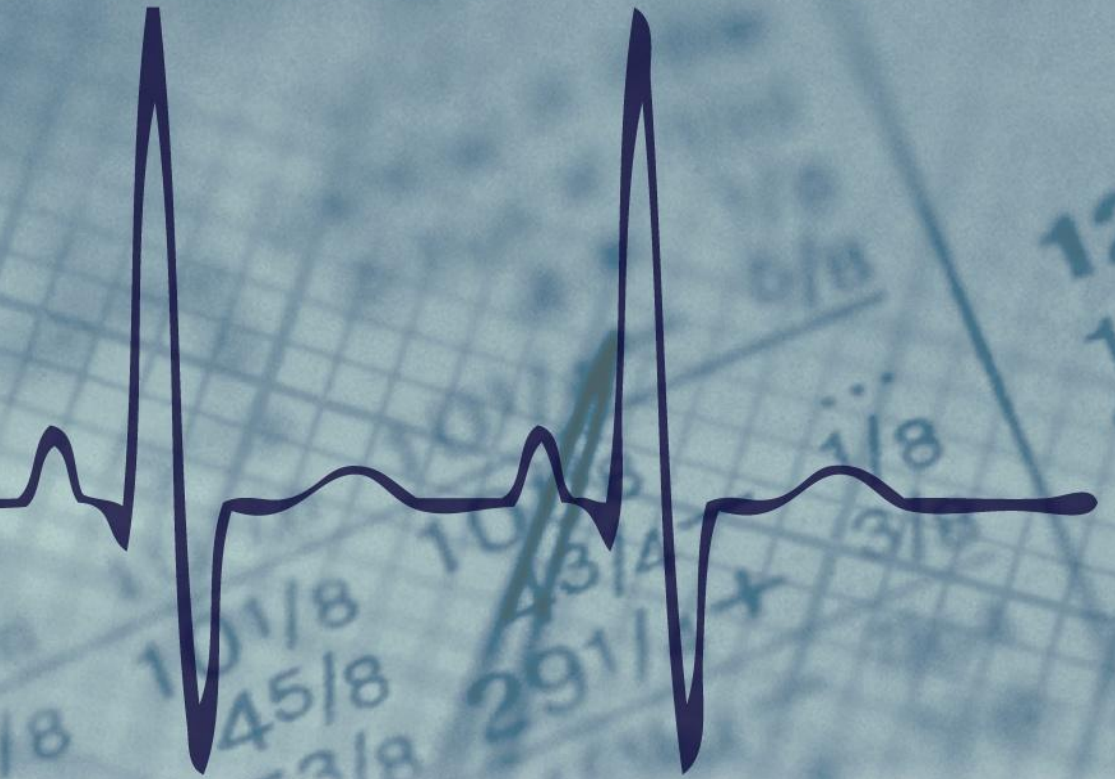
- “To be effective, treatment must somehow reach and reverse the painful process at its source in a lasting fashion. If one is not successful reversing the pain-generating disorder, it will persist, allowing pre-existing psychosocial factors to become *operative, flourish, and even dominate.*”

QUESTIONS???

Thank-you!!!



RISING MEDICAL SOLUTIONS



Going "Beyond Opioids": Ways to get Ahead of Prescription Drug Issues: Using Analytics to Track, Monitor and Reduce Costs

Anne Kirby
Rising Medical Solutions

The Opioid Epidemic



How many people in the United States die each day from opioid overdoses?

A. 8

B. 24

C. 56

✓ D. 100



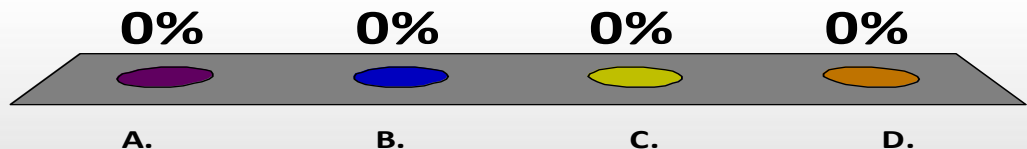
How many times higher does the presence of long acting opioids impact costs?

- A. 2.6 times
- B. 7 times
- ✓ C. 9.3 times
- D. 11.4 times



If 75 hours is the average pain management training in veterinary school, how many hours are required in medical school?

- ✓ A. 7 hours**
- B. 21 hours**
- C. 42 hours**
- D. 84 hours**



The Old World



The Old World Challenge for Claims

- File cabinets
- Manual processes
- No PBMs
- No guidelines
- Labor intensive
- Little peer review intervention

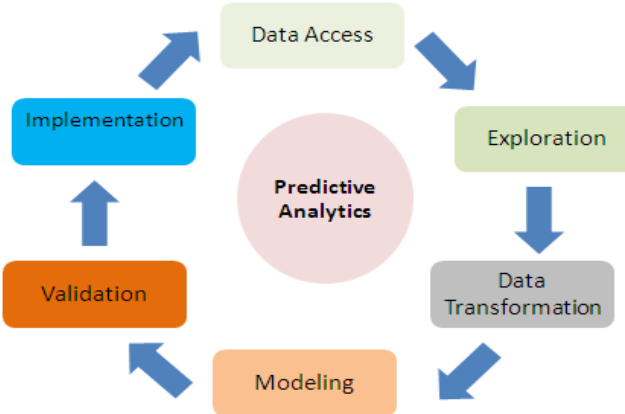


5 Key Problems

1. Difficult to preemptively identify claims
2. Time consuming to find at-risk cases
3. Lack of pharmacist and physician contact
4. Data not comprehensive enough
5. Viewing opioids in a vacuum



The New World Smart Technology



Windows Embedded

Intelligent Systems Products & Solutions Industries Partners Community

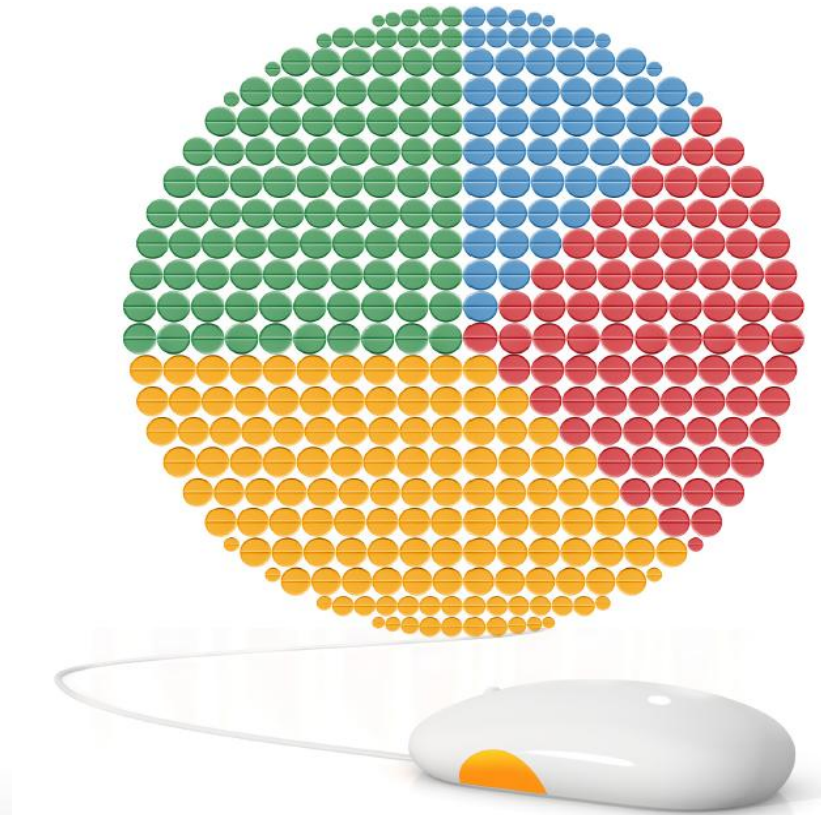
Analytics

Database management systems (DBMSs) are specially designed user, other applications, and the database itself to capture and analyze data. A **database management system (DBMS)** is a **software** system designed to create, querying, update, and administration of databases. Well known DBMSs include PostgreSQL, SQLite, Microsoft SQL Server, Microsoft Access, Oracle, and IBM DB2. A database is not generally **portable** across different DBMSs. DBMSs **operate** by using **standards** such as SQL and ODBC or JDBC to communicate with more than one database.

Addressing the Problems

Rx Intelligence Analytics

1. Expedites file identification
2. Flags claims early
3. Adds level of intervention
4. Looks beyond opioids
5. Uses data to intervene
6. Communication!



Rx Intelligence Analytics

Claims based on selected criteria

Claim Number	Injury Nature Name	Injury Date	Fill Date (Earliest)	Fill Date (Latest)	UDS	Opioid Fills	Opioid Usage Days	Avg Fill Interval Days	Amt Allowed (Bill)	Amt Allowed (Opioids)
ECA900044484	Laceration	01/16/2009	04/03/2009	11/16/2012	No	74	1,323	18	\$17,564	\$8,530
SCA110000424	Fracture	04/29/2009	05/18/2009	11/27/2012	Yes	74	1,289	16	\$58,285	\$7,450
ECA900013534	Crushing	10/03/2007	07/17/2008	11/15/2012	Yes	73	1,582	22	\$7,840	\$3,472
SCA900055120	Strain or Tear	05/01/2009	09/08/2009	7/11/2012	Yes	73	1,037	15	\$8,791	\$1,658
ECA900017408	Contusion	11/27/2007	04/29/2008	11/29/2012	Yes	71	1,675	23	\$17,602	\$3,576
ECA900010185	All Other Specific Injuries, NOC	08/01/2007	10/06/2008	8/23/2012	Yes	68	1,417	21	\$5,227	\$1,936
ECA900057271	Strain or Tear	09/10/2009	10/12/2009	11/23/2012	Yes	68	1,138	16	\$31,283	\$682



Minimum Fill Count: 5 Latest Fill Date(s) After...: 1/29/2012

Queue: (All) Claim Status: ☐ (All) ☒ Accepted/Allowed ☐ Closed ☐ Limited Entitlement ☒ Rejected

Claim # (wildcard)

RMS Analysis Date: 9/16/12 Rx Fill Date Range: Jul-11 Nov-12

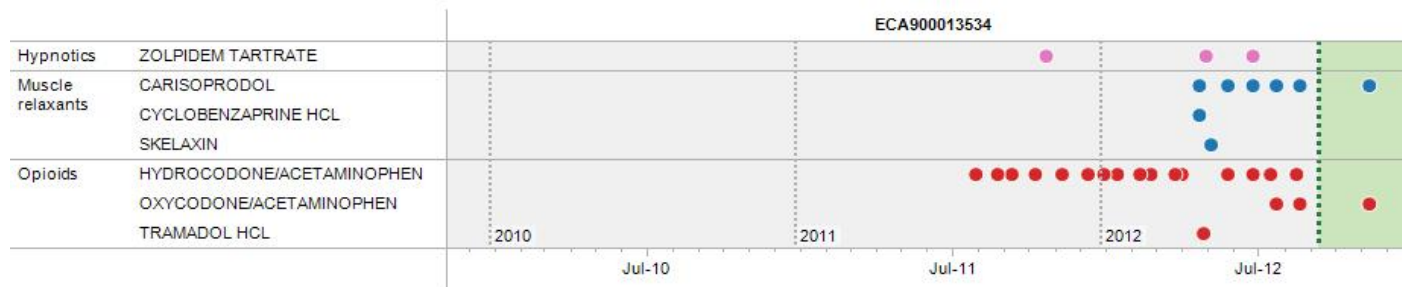
Legend:
■ Hypnotics
■ Muscle relaxants
■ Opioids

Bills Images

Click plus sign to load

99995H145217	11/15/2012	+
99995H133503	08/24/2012	+

Drug Summary



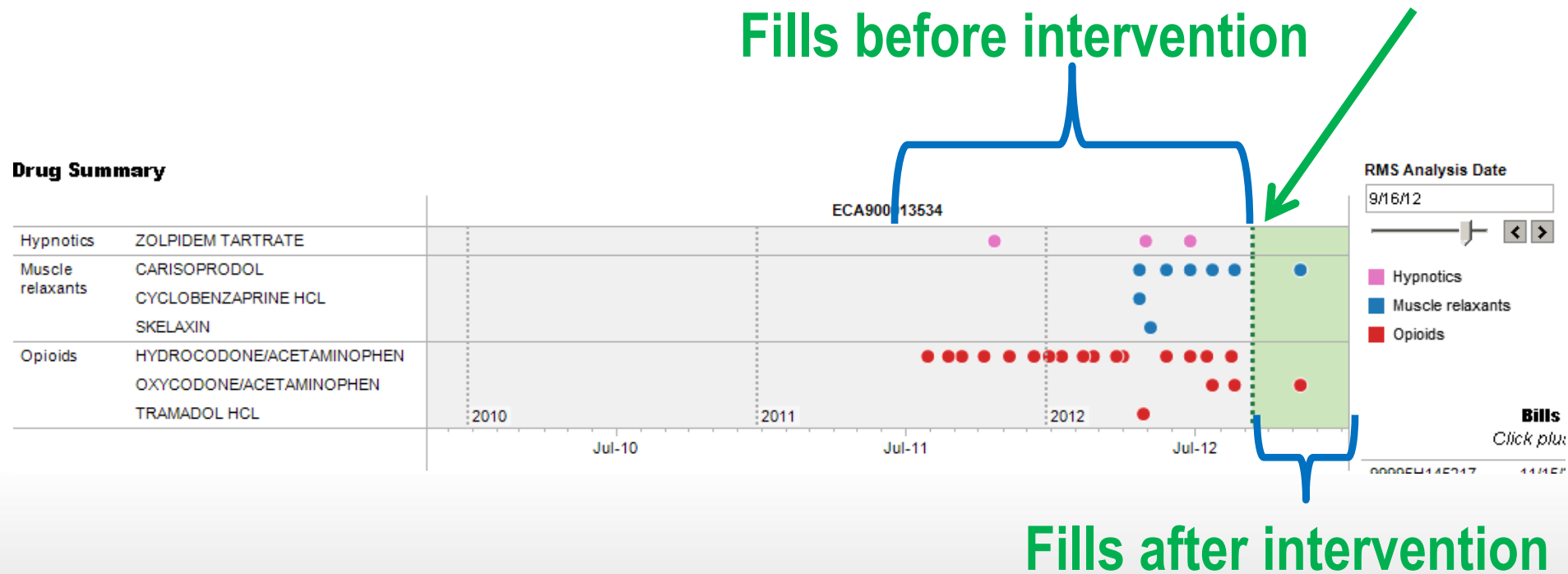
Sample Dashboard



RISING MEDICAL SOLUTIONS

Demonstrated Impact

Effect of Successful Peer-to-Peer Conversation



Demonstrated Impact

**65%
Claims**

- Decreased Rx Refills within 6-8 months of Peer-to- Peer Review

**71%
Claims**

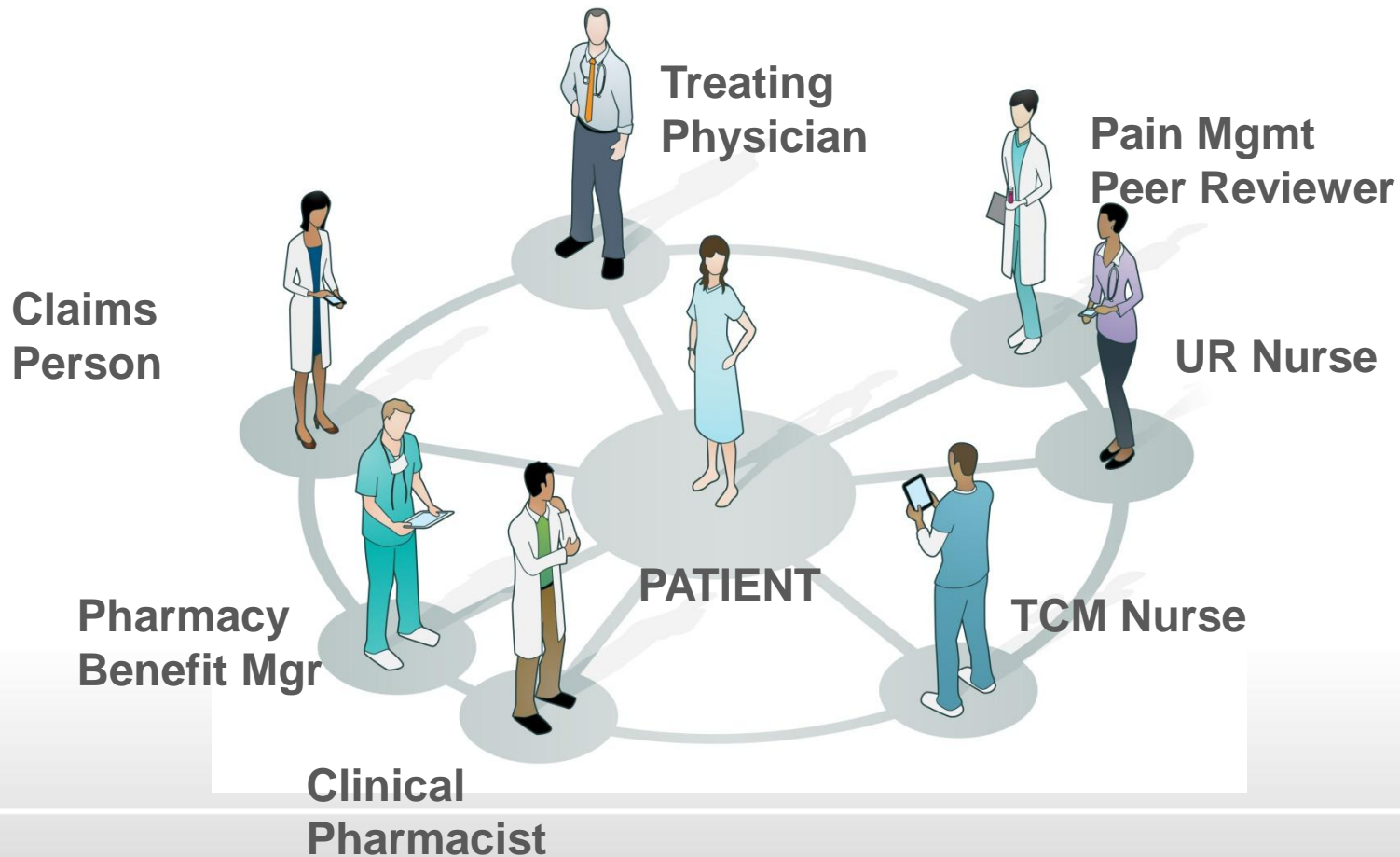
- Decreased Opioid Rx Refills

**57%
Claims**

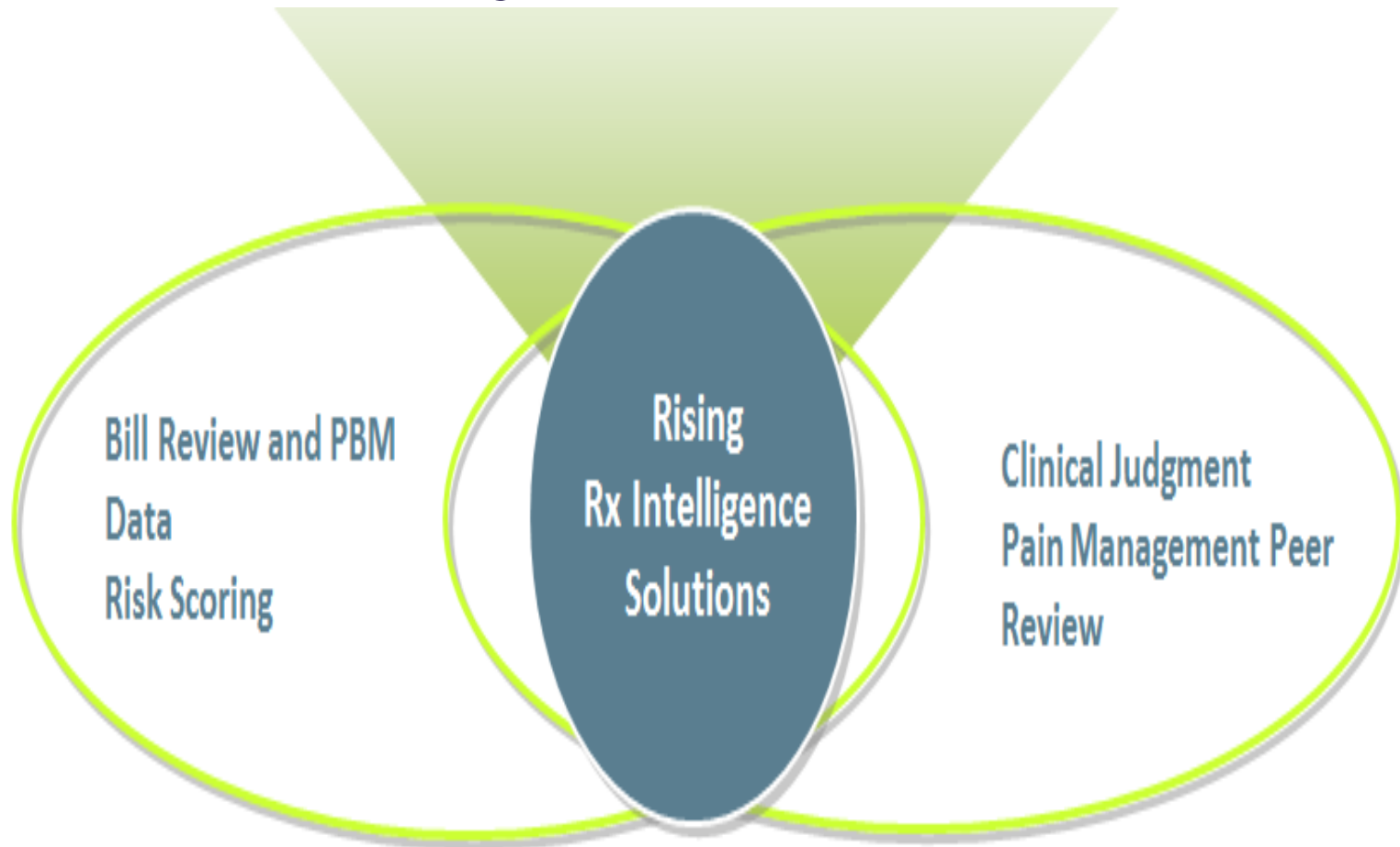
- Decrease of All Injury Related Drugs
- Opioids, Muscle Relaxants, Hypnotics & Anti-Anxiety meds

Connecting the Dots

Where do we go from here?



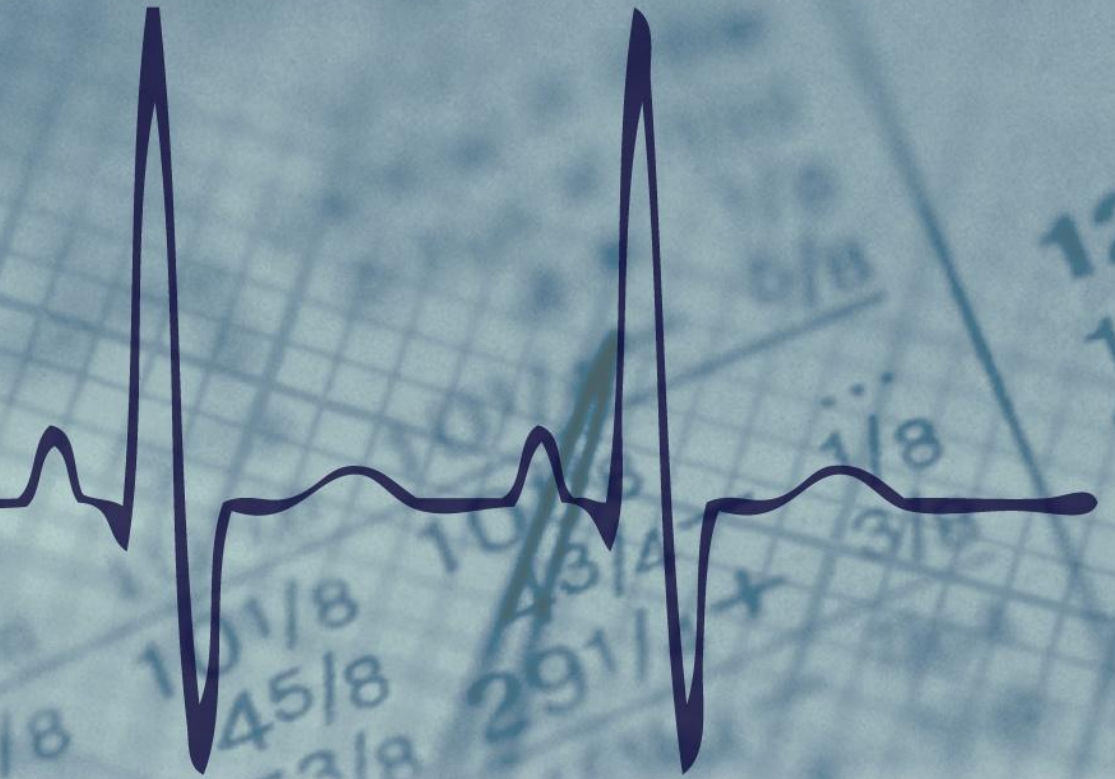
Intervene Early – Before Problems Arise



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Rx Intelligence Technology

Anne Kirby

The Future of Pain Management

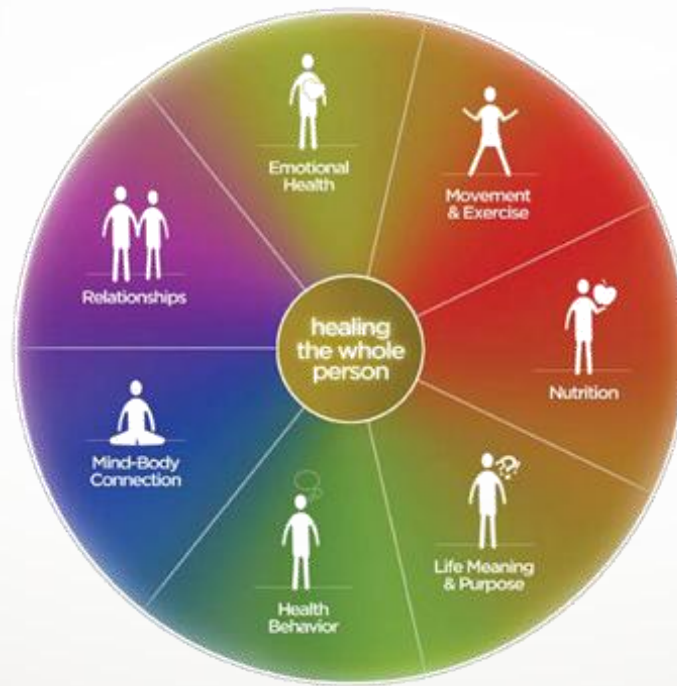
Roy O. Elam, M.D.

Associate Professor of Medicine

Medical Director, Center for Integrative Health

VCIH Mission

- Caring for the whole person with *compassion*

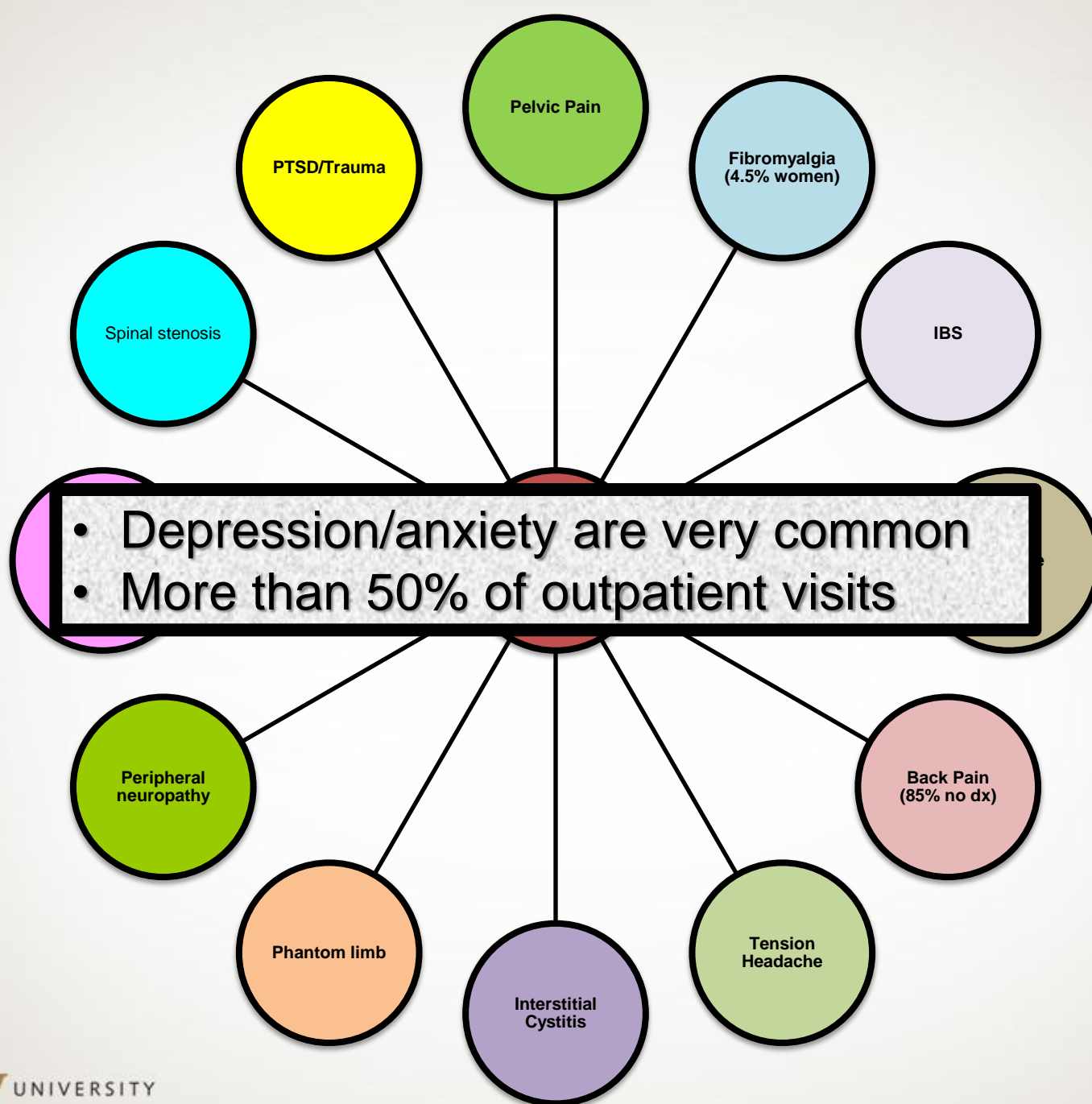


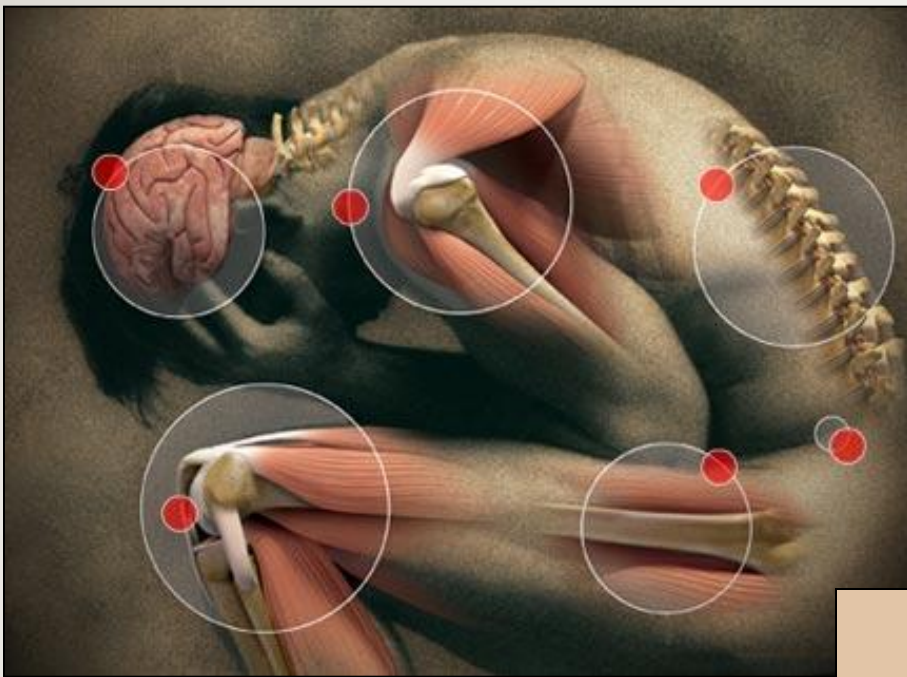
VCIH Interprofessional Team

- Nurse practitioner (massage therapist)
- Nurse practitioner (health coach)
- Yoga instructors
- Body-Centered Psychologists
- Psychotherapist (oncology nurse)
- Acupuncturist (NIH-funded neuropharmacologist)
- Physician (research scientist, yoga teacher)
- Physician
- Tai Chi instructor (research scientist)
- Nutrition coach (yoga and dance instructor)
- Physical therapist
- The Staff
- The Patient

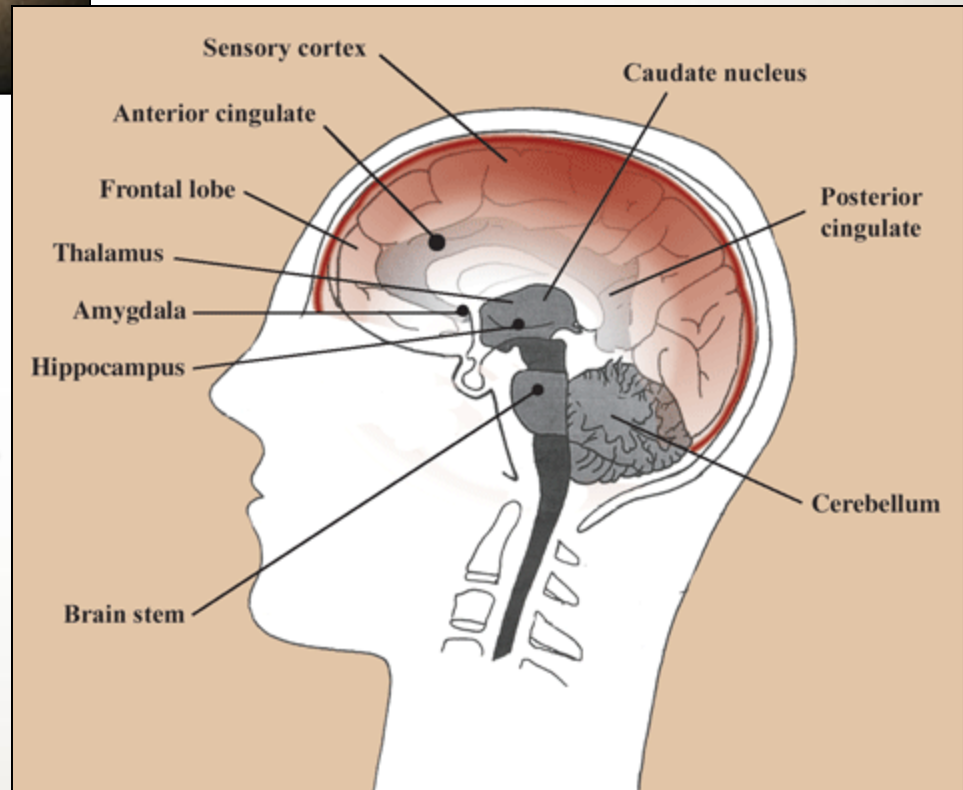
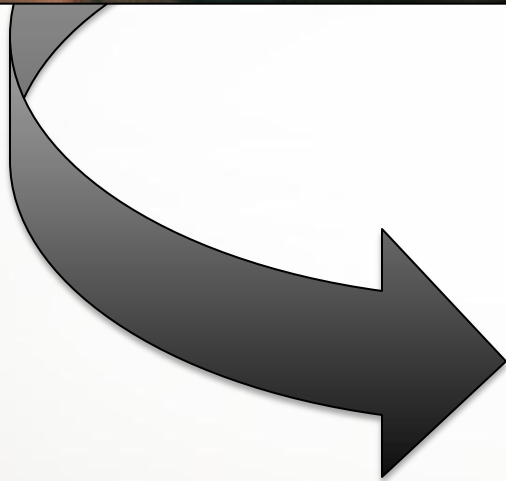
Today's Objectives

- **For all of us to make a radical shift in our understanding of chronic pain.**
 - A majority of pain comes from the central nervous system including the cerebral cortex.
 - “I will understand central sensitization and hypersensitization”
 - The brain is plastic and can change by engaging the executive function of the prefrontal cortex and by doing daily practices like exercise, mindfulness practice and biofeedback.
 - Treating emotions through body-centered therapy “desensitizes” the individual by focusing directly on the body’s manifestation of those emotions.
 - The relationship between the clinician and the patient with chronic pain really matters





Where is Chronic Pain?



Phantom Limb

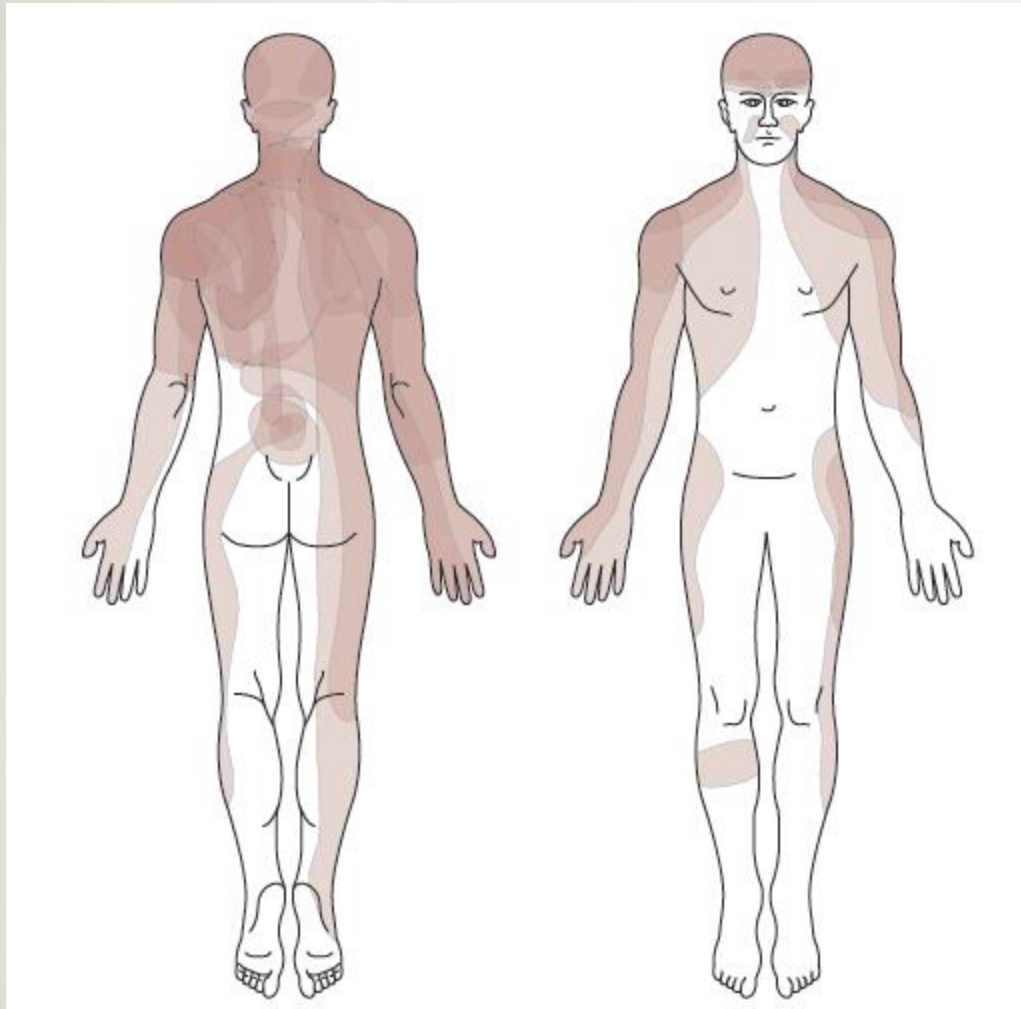
- Pain in missing limb
- Mirror visual feedback
- “There appears to be tremendous latent plasticity even in the adult brain.”
- “The brain is a set of complex interacting networks...”



Ramachandran, V. (2005) Plasticity and Functional Recovery in Neurology. *Clinical Medicine* 5: 368-373.

Central Sensitization

- “We learn from our everyday experience interfacing with the external environment to interpret pain as reflecting the presence of a peripheral damaging stimulus and indeed this is critical to its protective function. Central sensitization introduces another dimension, **one where the CNS can change, distort or amplify pain**, increasing it’s degree, duration and spacial extent in a manner that no longer directly reflects the specific qualities of peripheral noxious stimuli, but rather, the particular functional states of circuits in the CNS.”



Distribution of ongoing pain in patients with whiplash pain presented as an example of a widespread pain condition.

The pain areas from 11 patients are superimposed; common pain areas are darker than the pain areas identified in only a few patients.

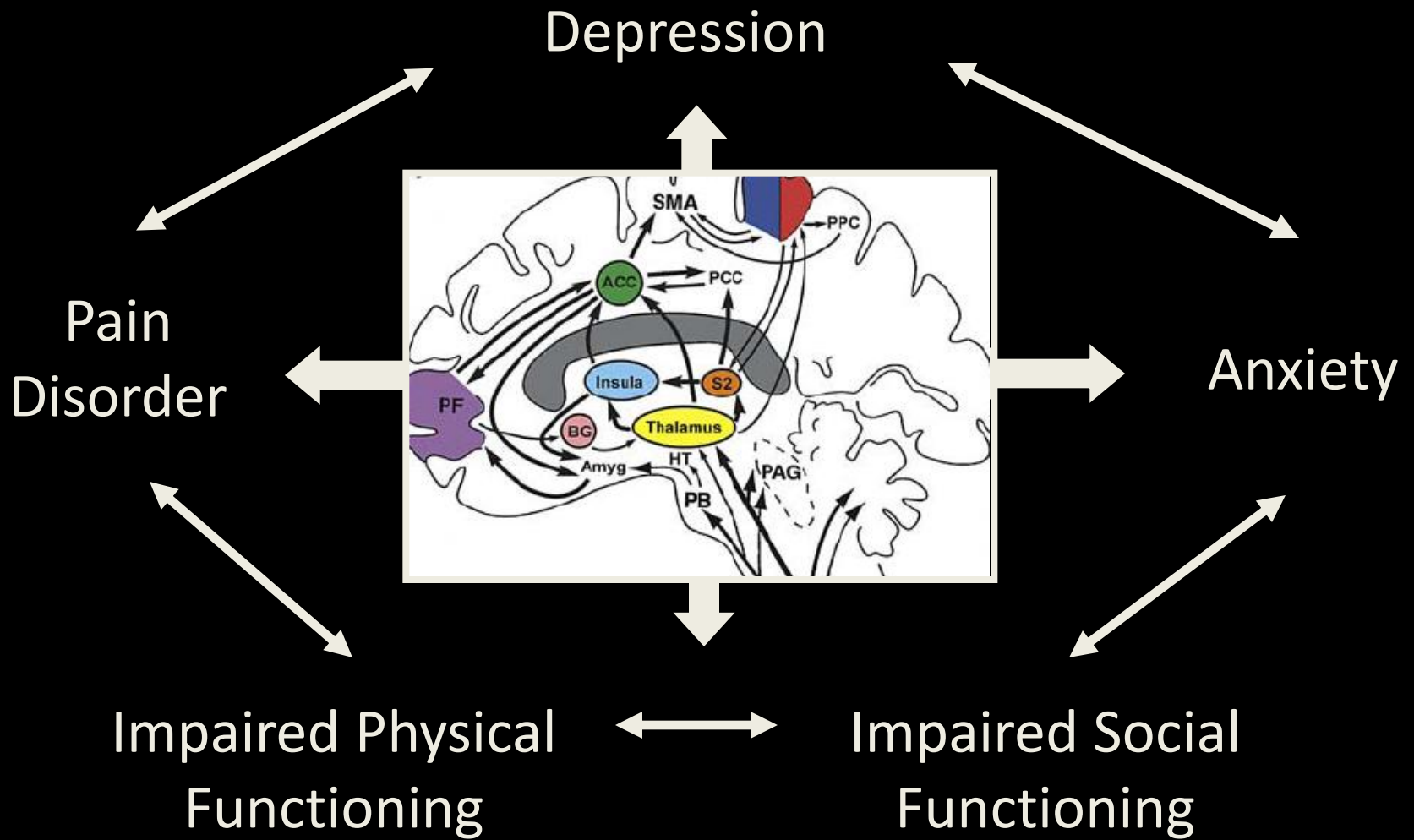
Hypersensitization:

Patient's Experience

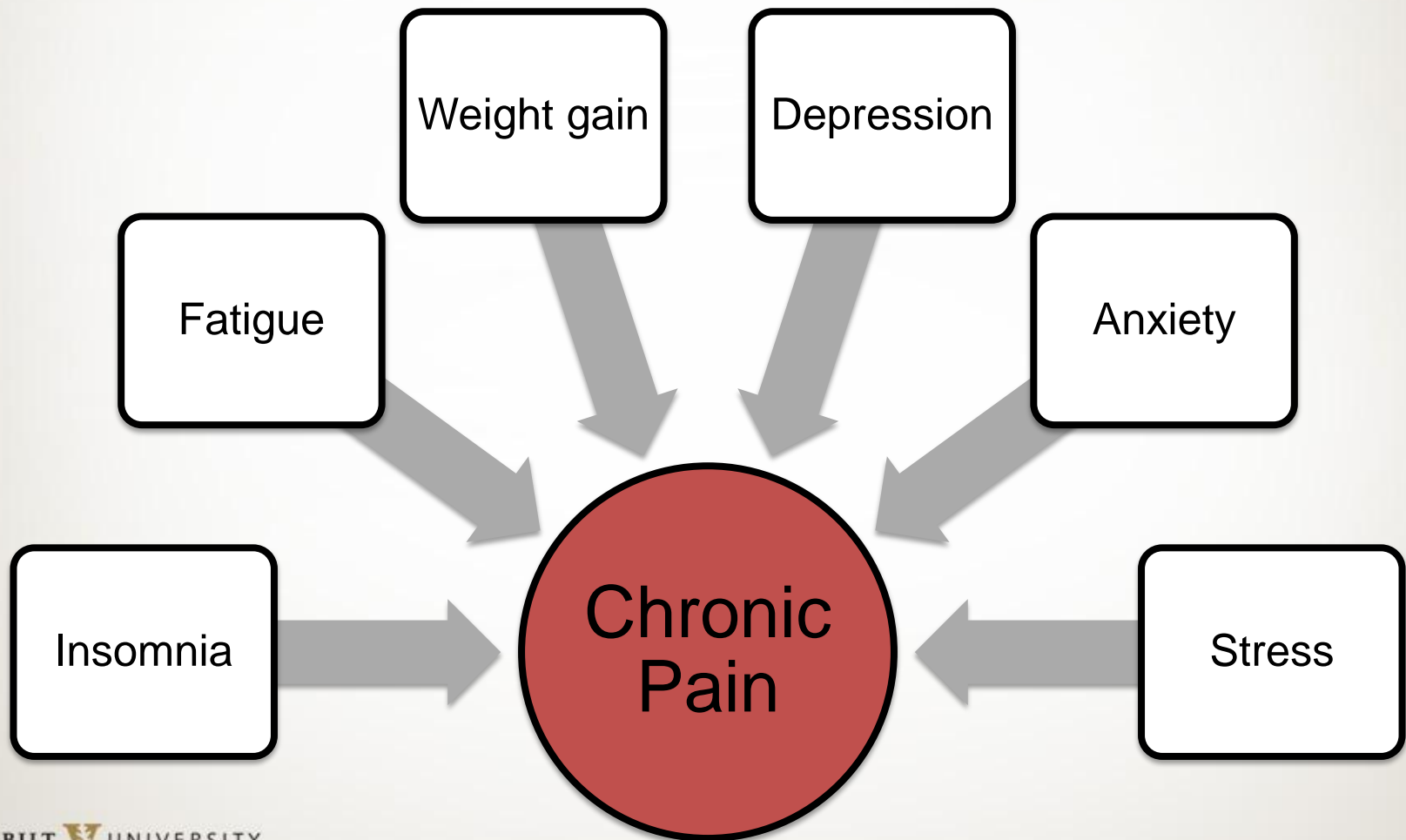
- Waxes and wanes
- Entire body can feel sensitized or on fire
- Strange nonsensical pain can be isolated or widespread
- Common pain conditions such as RA, migraine or IBS explode with symptoms
- Stress increases sensitization
- Clinicians assume patient is drug seeking, a cry baby or crazy

Two Forms of Pain Hypersensitivity

- Thresholds are lowered so that stimuli that would normally not produce pain now begin to (allodynia).
- Responsiveness is increased so that noxious stimuli produce an exaggerated response and prolong pain (hyperalgesia).



Conditions Associated with Chronic Pain



VCIH Interprofessional Team

- Nurse practitioner (massage therapist)
- Nurse practitioner (health coach)
- Yoga instructors
- Body-Centered Psychologists
- Psychotherapist (oncology nurse)
- Acupuncturist (NIH-funded neuropharmacologist)
- Physician (research scientist, yoga teacher)
- Physician
- Tai Chi instructor (research scientist)
- Nutrition coach (yoga and dance instructor)
- Physical therapist
- The Staff
- The Patient